

**PANEL REQUEST INFORMATION**

---

Claim Number	7173815490
Date of Injury	02/15/2019
Requesting Party	APPLICANT ATTORNEY
Name of Primary Treating Physician	PATRICK LANG
Specialty of Treating Physician	HAND (MHH)
Date of report being objected to	03/05/2019
Date of objection communication	03/22/2019
QME Specialty Requested	PAIN MEDICINE (MPA)
Opposing Party's QME Specialty Preferred	UNKNOWN
Labor Code	§ 4061
Dispute Type	FUTURE MEDICAL TREATMENT

**EMPLOYEE INFORMATION**

---

Full Name	JONATHAN SHOCKLEY
Mailing Address	1000 SUTTER STREET - RM 123
City, State, Zip Code	SAN FRANCISCO, CA, 94109

**APPLICANT ATTORNEY INFORMATION**

---

Full Name	IANA ZADNEPROVSKAIA
EAMS UAN Number	7912453
Applicant Attorney Firm Name	FARBER OAKLAND
Address/PO Box	333 HEGENBERGER RD STE 504
City, State, Zip Code	OAKLAND, CA, 94621
Phone Number	(510) 444-2512
Email	

**EMPLOYER AND CLAIMS ADMINISTRATOR INFORMATION**

---

Employer Name	CARDIONET LLC
Claims Administrator Name	MARIO CASTRO
EAMS UAN Number	4916531
Claims Administrator Company Name	CHUBB GROUP LOS ANGELES
Address/PO Box	PO BOX 42065
City, State, Zip Code	PHOENIX, AZ, 85080
Phone Number	(213) 612-5378
Email	

**DEFENDANT ATTORNEY INFORMATION**

---

Defense Attorney Name	
Defense Attorney Firm Name	
EAMS UAN Number	
Address/PO Box	
City, State, Zip Code	
Phone Number	
Email	

**DECLARATION CONFIRMATION**

---

Requestor Name	IANA ZADNEPROVSKAIA
----------------	---------------------

**UPLOAD DOCUMENT**

---

Document File Name	FULL_OBJECTION_TO_PTP_REPORT_FOR_PANEL ADMITTED_4061.PDF.PDF
--------------------	--